

Dr. Catherine Hankins: Fighting AIDS without mincing words

Charlotte Gray

My most famous media appearance was a non-appearance", chuckles Dr. Catherine Hankins, coordinator of the Centre for AIDS Studies, Department of Community Health, Montreal General Hospital. "CTV invited me to appear on *Canada AM* to talk about AIDS and the new Canadian safer-sex counselling guidelines, but stipulated that I couldn't use the terms oral sex, anal sex or vaginal sex. I refused to go on under those conditions. Later, the network president did not support the restriction made by the producer and I felt vindicated."

It's not often that Cate Hankins refuses such opportunities to get her message across. The message, usually accompanied with a cheerful smile, is that prevention is the only way to combat AIDS.

Hankins doesn't mince her words. She recently appeared before a parliamentary committee and described in graphic detail how drug users are treated in federal prisons and how this treatment spreads the human immunodeficiency virus (HIV). "In Canadian prisons right now, we are basically creating shooting galleries. If somebody has a drug and somebody has a needle, then 10 guys are going to take it on that one needle, and there is no bleach

available, so we are setting them up."

The MPs loved her plain-spoken good sense and incorporated several of her remarks into their final report. They also directed some sharp criticism at the commissioner of Correctional Service Canada.

Hankins's research involves many aspects of AIDS. She has investigated risk factors for HIV infection among incarcerated women, the effectiveness of needle-exchange programs, AIDS knowledge, attitudes and behaviours among Canadian adolescents and Montreal's Haitian population, and transmission of HIV infection from mother to child. But she doesn't confront just the medical and epidemiologic factors.

In her plenary address to the Fifth International Conference on AIDS in Montreal last year, she spoke of sexual inequality in developed countries and how it made women vulnerable to AIDS. "Until they are economically equal, with pay equity and an equitable redistribution of caregiving responsibilities whether for the sick, the elderly, for children, or for the dependent, women will not be in a position fully to protect themselves from HIV infection."

Hankins says she must present an effective message "because the media is the most cost-effective way to reach people. We

don't have scads of money for public-information campaigns". And when physicians do speak out, she says, they "must do so not from their personal values but from the public health point of view".

Hankins was born in Edmonton, the daughter of a surgeon father and a librarian-counsellor-teacher mother. She initially resisted following in her father's footsteps by studying languages in Quebec and Europe — she took first-class honours in French at the University of Calgary in 1971. "But I felt I was a cultural parasite since I had no skills to offer", she reflects. "I wasn't contributing anything, so I decided to study medicine."

Before receiving her medical degree from the University of Calgary in 1976, she spent 4 months working with her father in Kathmandu. He had forsaken a lucrative practice in Calgary to work as a medical missionary in Nepal, and had also coauthored, with Maurice King, the definitive work on surgery in developing countries.

In 1979, after finishing her family practice residency at Calgary General Hospital, she completed a MSc degree at the London School of Hygiene and Tropical Medicine. The topic was community health in developing countries.

Hankins joined the Calgary Board of Health in 1980 and from

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1981 to 1986 served as deputy medical officer of health. She was active in promoting controversial initiatives, such as drop-in clinics for adolescent girls, and was on the front lines when the first AIDS cases were reported in Alberta.

By 1986 she was ready for a change and she, her husband and two daughters left for Montreal, the city where the Canadian AIDS crisis is most acute. Today, for instance, two-thirds of Canada's reported cases of HIV infection in women, and 80% of cases involving children infected at birth, are found in Quebec. For Hankins, the first months of her new job as epidemiology consultant with the Montreal Regional Sexually Transmitted Disease Control Program were one long headache. However, the headaches had a linguistic, not medical, root, for she had to struggle to bring her once-fluent French back up to scratch.

Her second major headache proved to be the politics of AIDS. "I arrived in Montreal from a public health, interventionist background. My first task here was to develop a campaign to encourage condom use."

Hankins and her team had done all the necessary public relations and advertising work and invitations had been sent to the media when the government cancelled the campaign for political reasons 2 days before the kickoff. It considered the campaign too explicit.

"But I knew from our polling that 85% of the public were ready for condom ads on television. I decided that the principle of more education was worth fighting for, though I knew I could lose my job."

She called a news conference and told reporters what had happened and why she was upset. The tactic worked. Within a week the minister of health announced her own advertising campaign, ads

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that Hankins describes as "excellent".

That experience persuaded her to spend more time on research. "The main role of public health units here in Quebec is to monitor public health, so if I want to carry weight with politicians I need data to back up my arguments."

She was soon conducting research on the risk factors for HIV infection in a women's prison and on the effectiveness of needle-exchange programs. She is also coordinator of the National Directory of Current AIDS Research in Canada and is a frequent lecturer, in English and French, to professional, student and lay audiences.

"Politicians have finally caught up with public opinion", says Hankins. The federal government has recognized that serious action is needed, but this took time. Only 2 years ago, AIDS activists were burning then minister of health Jake Epp in effigy because of the lack of federal action.

The mood improved when a new minister, Perrin Beatty, promised that he would make AIDS a priority issue. He also responded

to activist pressure by supporting a boycott of this summer's Sixth International AIDS Conference in San Francisco, citing discrimination against HIV carriers by American immigration authorities. The boycott was recommended by the National Advisory Committee on AIDS — Hankins is a member — but few thought Ottawa would administer such a rap to Washington's knuckles.

Beatty's decision to do so — he said it was triggered by a conversation with a Vancouver AIDS patient — has persuaded AIDS activists that perhaps they can work with Ottawa. This became clear when he announced the government's national strategy on AIDS in June. Criticism from community groups was muted, even though the program included little new money and actually reduced funding for education and prevention.

"I'm always disappointed when there is no new money", says Hankins, "but the strategy holds a lot of promise. Now we have to see if the provinces kick in with some commitments. We now have a structure for action. It's up to us to use it." ■

